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adjusters of social inequality, as the stabilizer of the public health for the good of the whole community, the better.

In all of these institutional or organized forms of nursing service, there is the element of assured compensation to the nurse, her freedom from anxiety for the wage she earns, the opportunity to work for the work's sake. That means much to her who has that sense of social service which her calling should carry with it. In each and all of them I can see the opportunity to place thoroughly trained nurses within reach of all economic classes of the people.

And now you will permit me to say a personal word. I greet you as runners in a good race. I believe that you will keep the faith for which your profession stands. I wish you success in all the work to which you put your head, your heart and your hand. Should you continue in the vocation you have chosen, I hope you may reach up to its highest opportunities. Should the future lead you to the goal of every good woman, to happy homes of your own, you will be the better wives and mothers because you are trained nurses. If you remain married to your calling, you will find in following it, love and joy, as well as human suffering, and children many for your mothering.

Success waits for you; be ready for it. Should failure in the future, sometimes confront you, resolve that you will "not count on aught but being faithful." "It is better to fail than never to have had a striving worth being called a failure." But you will not, in the end, fail. The life which opens before you is big with opportunities of continuing service; and no life of strong, honest service ever fails. The memory of the simple, sainted nurse, whom the English-speaking world centennialized but a few days ago, is proof of that. Such a life as here immortalizes itself; and surely, for the saving of this troubled world of ours there is nothing better, that any among us can work and hope for, than the immortality of service.

SPOTS AND STAINS

By O. W. Nolen
San Antonio, Texas

Almost every nurse is familiar with the disagreeable task of trying to remove some stains from her uniform or from hospital linen, but few nurses know just what to use to remove different kinds of stains, so they go at it in a haphazard way; using ammonia water, chloroform, alcohol or any other substance that they happen to think of, and if they do not know what to use for each particular stain, the chances are that their efforts will be useless, or they may even make it worse, as some stains are as contrary as some patients, and sometimes have to be coaxed with some strange chemical that they seem to have an affinity for.

While the subject of removing spots and stains isn't included in the curriculum of studies in nursing, and the state boards do not require a nurse to possess a knowledge of eradicating picric acid stains or of obliterating ink spots, still it is certainly worth while to be able to save a nice uniform from seemingly irremediable ruin and to know how to remove some unsightly blot from clean hospital linen.

Now nearly all stains can be removed with proper chemicals, but few hospitals have all of these substances on hand, as many of them are never used in hospital work. It would be a wise plan for dispensaries in institutions to prepare a list of the more common stains and of the substances that will remove them, and to keep the chemicals in stock and prepared for immediate use. Nurses should familiarize themselves with methods of removing the kind of stain they most often have to contend with, as in many cases they can be easily removed with some substance at hand.

The most frequent stains are those caused by tincture of iodine. Of course all nurses know that alcohol will remove these, but it isn't so efficient in removing them from clothing; for that purpose, ammonia water is best, or a saturated solution of sodium hyposulphite. The stains can be removed from paper with ammonia water, or with a blotter soaked in a solution of the sodium hyposulphite.

To remove silver nitrate stains from the fingers, mix one ounce of sodium sulphite and half an ounce of chloride of lime with two ounces of water; use with a nail brush. To remove the stains from clothes, prepare a solution containing 45 grains of bichloride of mercury, 45 grains of ammonium chloride and distilled water to make one ounce. Keep this in a safe place, as it is very poisonous.

The picric acid stains spoken of in the first part of this article can be removed from the clothing or hands with a paste made of lithium carbonate and water.

Blood stains can be obliterated from the clothing and other articles by preparing common starch, as for laundry use, and applying over the spot.

Ordinary writing ink stains can usually be eradicated by lemon juice applied to the spots. If this fails, use a solution of oxalic acid, or equal parts of finely powdered citric acid and cream of tartar, applied with hot water.

Indelible ink stains on clothing can be removed by touching the places with a brush dipped in a solution of potassium cyanide, then washing the fabric with water, but remember that the potassium cyanide is a deadly poison. The stains can be taken off the fingers with ammonia water, or by painting them with tincture of iodine, then removing this with ammonia water or a solution of sodium hyposulphite.

Red ink can be easily removed by alcohol rendered acid with a little nitric acid.

Stains caused by solutions containing iron, such as tincture of iron chloride or Basham's mixture, can be taken out with a solution of citric acid. For iron rust stains, use salt and lemon juice.

LABORATORY WORK FOR NURSES[1]

By Mary Gulledge, R.N.

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During the past twenty-five years, such rapid strides have been made in all branches of medicine that it would be a difficult matter to decide just which has made most progress, but from a diagnostic standpoint it would seem that greater advance has been made in laboratory methods than in any other.

The day has long since passed when the physician relies upon the condition of the tongue and the character of the pulse to arrive at a correct conclusion concerning an illness. He resorts to more accurate methods, such as complete physical examination, laboratory studies, and X-ray. The busy practitioner has not time to devote to the thorough laboratory investigation of his case, hence a great field has been opened for women who desire to avail themselves of this opportunity. I will, in a brief way, outline some uses of the laboratory as an assistance in arriving at a correct conclusion.

From the study of the blood we are able to detect many diseases that would otherwise not be recognized, such as the leukoemias, pernicious anemia and, in obscure cases, malaria and typhoid fever, to say nothing of the astonishing information sometimes disclosed by the complement fixation test of Wassermann. The presence of a leucocytosis with a polymorphonucleuousis in continued fever, where there is no appreciable cause for the fever, is of great clinical significance as it shows there is an infection or sepsis; the only exceptions to this rule being typhoid, tuberculosis and malaria, with the very rare exception of syphilitic fever; further studies of the blood will indicate which one of these conditions is present. From cultures of the

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[1] Read before the Graduate Nurses' Association of South Carolina, April 22, 1920, at Sumter, S. C.